

Epitomes

Important Advances in Clinical Medicine

Family and General Practice

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The Council on Scientific Affairs of the California Medical Association presents the following epitomes of progress in family and general practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, as to both scientific fact and important clinical significance. The items are presented in simple epitome, and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, researchers, and scholars to stay abreast of these items of progress in family and general practice that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Family and General Practice of the California Medical Association, and the summaries were prepared under the direction of Drs Sonander and Rai and the Panel.

Advances in Dementia Management

DEMENTIA IS A SYNDROME of progressive cognitive and functional decline that affects 5–10% of the US population aged 65 and older. Its incidence doubles every 5 years after age 65.

Clinicians often underestimate the amount of impairment that older patients experience in daily living. Only about one half of patients with dementia are identified by primary care physicians using the routine history and physical examinations. Early recognition of dementia may allow for treatment of reversible causes, amelioration of partially reversible causes, and delay of functional disability for some irreversible causes of dementia. Approximately 10–15% of cognitive impairment in older adults is due to treatable conditions such as hypothyroidism and drug toxicity. Early identification of patients with dementia allows the patient and family to plan for future long-term-care services, and to take the opportunity to participate in trials of new, potentially helpful therapies. Unrecognized dementia may result in inappropriate use of emergency services and unneeded patient/family discomfort.

The Agency for Health Care Policy Research (AHCPR) recently issued clinical practice guidelines to assist health care professionals in the early and accurate identification of Alzheimer's disease, the most common cause of dementia. Because dementia is often misdiagnosed or unrecognized in its early stages, the guidelines identify early symptoms and signs of dementia, guiding early assessment. Certain symptoms, such as problems with spatial ability and orientation or difficulties in learning, language, and handling complex tasks, distinguish early-stage dementia from normal aging and from other syndromes that affect cognition such as depression or delirium. These triggers prompt early assessment

such as focused history, physical, functional, and mental status assessment. Using these decision support guidelines, primary care clinicians may identify the cause of dementia with greater accuracy.

Specific identification of Alzheimer's disease allows early treatment with newer agents that may better control behavioral signs and symptoms, improve cognitive function, and slow disease progression. Patients suffering from dementia commonly suffer from behavioral symptoms such as depression, anxiety, psychosis, aggression, agitation, and apathy. More effective medications are now available for the treatment of these conditions resulting from expanded Medicaid formulary inclusion of existing effective agents (such as serotonin reuptake inhibitors, SSRIs), the recognition that anti-epileptic drugs have utility in behavior management (carbamazepine, valproic acid), and the introduction of newer psychotropics with fewer side effects (respiradol, olanzepine).

Therapies thought to enhance cognitive function in Alzheimer's disease by restoring functional deficits in neurotransmission, increasing cholinergic transmission, are available. Two cholinesterase inhibitors (tetrahydroaminoacridine and donepezil) show promise, both of which have been approved by the Food and Drug Administration. The use of each has demonstrated significant improvements in cognition and function, delaying suffering and costly use of long-term-care resources. There is modest evidence to support the benefit of selegiline, a monoamine oxidase inhibitor, and Vitamin E, which have been shown to cause mild improvement in cognitive function and behavior.

It is crucial that clinicians carefully evaluate patients with suspected dementia, obtaining information from informants, perform appropriate laboratory and imaging tests, and render a specific dementia diagnosis. Patients